

CRIMINAL HISTORY SUPPLEMENTAL FORM

Form Code: PSS_CHS

Misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

COMMONWEALTH OF VIRGINIA**Department of Criminal Justice Services**

Private Security Services Section

P.O. Box 10110, Richmond, VA 23240-9998**Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: www.dcjs.org/privatesecurity****Status Hotline: (804) 786-1132 or 1-877-9STATUS**

1. Applicant Name: _____
Last Name First Name MI

2. Social Security Number _____ Date of Birth _____
mm/dd/yy

3. Please list **all convictions** in detail below and attach required criminal history documentation:

• Conviction: _____

Date of Conviction: _____

☐ Felony
☐ Misdemeanor

Jurisdiction: _____

• Conviction: _____

Date of Conviction: _____

☐ Felony
☐ Misdemeanor

Jurisdiction: _____

• Conviction: _____

Date of Conviction: _____

☐ Felony
☐ Misdemeanor

Jurisdiction: _____

Please attach additional sheets of paper if necessary

4. Are you currently under protective orders? ☐ Yes ☐ No

If yes, Release date: _____ Please attach a copy of the protective order.
mm/dd/yy

Required Criminal History Documentation:

*Please attach the following for **each conviction** to DCJS: Statement containing conviction, date of offense, location and circumstances of conviction; a certified copy of all applicable criminal conviction(s), police and court records; statement on the current status of parole, probation, etc.; and supporting documentation (i.e., reference letters, pardons, documentation of rehabilitation, restitution of rights, etc.). Failure to provide adequate documentation may result in a delay or denial of your application.*

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Applicant's Signature _____ Date: _____
mm/dd/yy